

93386932
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-73

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address: Douglas Aircraft Company Attn: Rob Tuell C6-59 19503 South Normandie Avenue Torrance, CA 90502		C A D 0 8 6 5 1 0 0 0 5		8 6 9 3 2	
4. Generator's Phone (310) 533- 7926 or (310) 533- 7231				A. State Manifest Document Number 93386932	
5. Transporter 1 Company Name Laidlaw Environmental Services of CA, Inc.		6. US EPA ID Number C A D 0 0 0 0 8 3 1 2 1		B. State Generator's ID H A H Q 3 6 0 0 5 6 9 8	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 4 4 8 0 1 0	
9. Designated Facility Name and Site Address Enaco West, Inc. 1737 East Derril Street Wilmington, CA 90744		10. US EPA ID Number C A D 0 4 4 4 2 9 8 3 5		D. Transporter's Phone (310) 518- 4700	
				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID C A D 0 4 4 4 2 9 8 3 5	
				H. Facility's Phone (310) 835- 9998	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vol
RQ, Paint related material, 3, UN1263, PG II, (F002, F003, F005, D001, D007)		002 DM 00472		P	
RQ, Hazardous waste solid, n.o.s., 9, NA3077, PG III (D007)		013 DM 01001		P	
RQ, Hazardous waste, solid, n.o.s., 9, NA3077, PG III (F002, F003, F005, D007)		002 BA 01340		P	
RQ, Hazardous waste solid, n.o.s., 9, NA3077, PG III (D007, D008)		001 DM 00068		P	
J. Additional Descriptions for Materials Listed Above 11a. 520571. Paint Sludge. Additional Codes: F003, F005, D001, D007 11b. 520578. Paint Sludge. 11c. 520576. Production rags. Additional codes: F003, F005, D007 11d. 520575. Sealant tubes. Additional Code: D008		K. Handling Codes for Wastes Listed Above a. 01 b. 07 c. 07 d. 07			
15. Special Handling Instructions and Additional Information 24 Hour emergency telephone number (800) 424- 9306 (Chemtrec). DOT ERG# 11a) 26 b) 31 c) 31 d) 31 Load Number : 86768					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Robert G. Tuell, Jr.		Signature <i>Robert G. Tuell, Jr.</i>		Month Day Year 11 02 69	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name JACK JOHNSON		Signature <i>Jack Johnson</i>		Month Day Year 11 02 69	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Pat Choomngern					
		Signature <i>Pat Choomngern</i>		Month Day Year 11 02 69	

DO NOT WRITE BELOW THIS LINE

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

CAD086510005 86932

of 1

3. Generator's Name and Mailing Address

Douglas Aircraft Company Attn: Rob Tuell C6-58
19503 South Normandie Avenue Torrance, CA 90502

4. Generator's Phone (310) 533- 7926 or (310) 533- 7231

5. Transporter 1 Company Name

6. US EPA ID Number

Laidlaw Environmental Services of CA, Inc. CAD0000083121

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

Ensco West, Inc.
1737 East Denri Street
Wilmington, CA 90744

CAD044429835

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste Number

a. RQ, Paint related material, 3, UN1263, PG II, (F002, F003, F005, D001, D007)

002 DM 00472 P

State 461
EPA/Other F002

b. RQ, Hazardous waste solid, n.o.s., 9, NA3077, PG III (D007)

013 DM 01001 P

State 352
EPA/Other D007

c. RQ, Hazardous waste, solid, n.o.s., 9, NA3077, PG III (F002, F003, F005, D007)

002 BA 01340 P

State 352
EPA/Other F002

d. RQ, Hazardous waste solid, n.o.s., 9, NA3077, PG III (D007, D008)

001 DM 00068 P

State 352
EPA/Other D007

1. Additional Descriptions for Materials Listed Above

1a. 520571, Paint Sludge, Additional Codes: F003, F005, D001, D007

1b. 520573, Paint Sludge

1c. 520576, Production residue, Additional codes: F003, F005, D007

1d. 520575, Sealant tubes, Additional Code: D008

K. Handling Codes for Wastes Listed Above

a. b. c. d.

15. Special Handling Instructions and Additional Information

24 Hour emergency telephone number (800) 424- 9300 (Chemtrec). DOT ERG# 11a) 26 b) 31 c) 31 d)31
Load Number : 86768

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

Robert G. Tuell, Jr.

Robert G. Tuell, Jr.

10 26 94

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

JACK JOHNSON

JACK JOHNSON

10 26 94

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

DO NOT WRITE BELOW THIS LINE.

WORK ORDER

221 E. "D" ST. • P.O. Box 1175
WILMINGTON, CA 90748-1175
(310) 518-4700 • (800) 955-5359

CUSTOMER/ACCT. NO

240120

WORK ORDER NO.

12339

BILLING ADDRESS

SERVICE ADDRESS

DOUGLAS AIRCRAFT
190TH NORMANDIE
TORRANCE, CA

ORDER DATE	DATE TO BE DONE	CUSTOMER P.O. #	ORDERED BY	TELEPHONE#	CONTACT PERSON
	10/26/94	REL # 27064-H6254			
REP.	DIV.	DEPARTMENT	CUSTOMER'S EPA #	CUSTOMER'S BD OF EQUAL #	CONTACT PHONE #

1 BOX UAN PLU LOAD OF DRUMS HAUL
TO ENSCO WEST LOAD# 86768

DRIVER COMPLETE:

DOUGLAS TORRANCE

SERVICES PERFORMED

LOAD 0730
OUT 10:20

Arrived DAC Torrance:
0730 hrs.

Left DAC Torrance:
1020 hrs.

START TIME 0645 STOP TIME

START MILES 189037 END MILES

TRUCK NUMBER 160042 TRAILER NUMBER 423381

Manifest Number 93386932

Date Completed 10/26/94 Drivers Name J. JOHNSON

Comments

In the event of any litigation arising out of this agreement or any transaction contemplated hereby, the prevailing party shall be entitled to reasonable attorney's fees, expenses and costs.

NOT AN INVOICE - BILLING WILL FOLLOW

Customer Signature

Robert B. Tuell, Jr. 10-26-94

BOE-C6-0207496

PRICING INSTRUCTIONS - DRUMS

Cleanup _____ Hrs. @ _____ Per Hr.
 Project Manager _____ Hrs. @ _____ Per Hr.
 First Technician _____ Hrs. @ _____ Per Hr.
 Second Technician _____ Hrs. @ _____ Per Hr.
 Third Technician _____ Hrs. @ _____ Per Hr.
 Fourth Technician _____ Hrs. @ _____ Per Hr.
 Fifth Technician _____ Hrs. @ _____ Per Hr.
 Truck # _____ Hrs. @ _____ Per Hr.
 Truck # _____ Hrs. @ _____ Per Hr.
 Truck # _____ Hrs. @ _____ Per Hr.

Sundays, Holidays, and After Hours @ _____ % = _____

TRANSPORTATION & DISPOSAL FEES TO TSD FACILITY

_____ 5 Gal. Cans Liquid @ _____ Each
 _____ 5 Gal. Cans Solid @ _____ Each
 _____ 5 Gal. Cans Lab Packed @ _____ Each
 _____ 55 Gal. Drums Liquid @ _____ Each
 _____ 55 Gal. Drums Solid @ _____ Each
 _____ 55 Gal. Drums Lab Packed @ _____ Each
 _____ Empty 5 Gal. Cans @ _____ Each
 _____ Empty 55 Gal. Cans @ _____ Each

County Tax _____

MATERIALS USED

_____ 5 Gal. Cans @ _____ Each
 _____ 55 Gal. Drums @ _____ Each
 _____ Recovery Drums @ _____ Each
 _____ Bags Vermiculite @ _____ Each
 _____ Bags (Other Describe) @ _____ @ _____ = _____
 _____ Hazardous Waste Labels @ _____ Each
 _____ Drum Liners @ _____ Each
 _____ Safety Equipment Number of Sets @ _____ = _____

PRICING INSTRUCTIONS - PUMPING

Compensation _____ Hrs. @ _____ Per Hr.

Washout Fee _____

Cump Fee _____

TOTAL _____

Generator Name: Douglas Aircraft CompanyManifest No.: 86732/13386932

Waste Code *	Subcategory	Wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Wastewater	Non-wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Non-wastewater	CCW 40CFR268.43	CCWE 40CFR 268.41	Hazardous Debris	A Appen. IV Lab Pack	B Appen. V Lab Pack	C No Further Treatment	Variance or Extension
<u>F002</u>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>F003</u>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>F005</u>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>D007</u>	<u>Chromium</u>	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>D008</u>	<u>lead</u>	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* For Waste Codes F001-F005, F039, D002 & D001 DEACT, the underlying constituents must be identified, see attached.

- ☐ IF Column A is checked: I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix IV to part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.
- ☐ IF Column B is checked: I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste and that the lab pack contains only organic wastes specified in Appendix V to Part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.
- ☐ IF Column C is checked: If indicated by "X", the specified waste codes are able to be land disposed without further treatment. In accordance with 268.7(a)(2) and regarding those restricted waste(s) contained in this shipment, these waste(s) may be land disposed without further treatment.

I submit the following certification statement:

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false submitting a false certification, including the possibility of a fine and imprisonment.

- ☐ This hazardous debris is subject to the alternative treatment standards of 40 CFR268.45.
- ☐ This manifest includes controlled benzene waste which is subject to the notification requirements of 40 CFR 61 subpart FF. WMDS # _____

Waste analysis is attached where available, otherwise, the information contained herein is based upon my thorough knowledge of the waste(s).

I hereby certify that all information submitted in this document is complete and accurate to the best of my knowledge and information.

Signature Robert G. Tully, Title Sr. Plant Engineer Date 10-26-94



LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Continuation Page

Manifest No.: _____

Waste Code	Subcategory	Wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Wastewater	Non-wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Non-wastewater	CCW 40CFR268.43	CCWE 40CFR 268.41	Appen. IV Lab Pack	Appen. V Lab Pack	No Further Treatment	Variance or Extension
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Variances, Extensions and Other Notes:



Spent Solvent Wastes

(F001-F005)

☒ This shipment, as referenced by the above manifest number, contains waste(s) which correspond to USEPA Hazardous Waste Code(s) ☐ F001, ☒ F002, ☒ F003, ☐ F004 and/or ☒ F005.

The above referenced waste(s) must be treated to meet the treatment standard expressed as Constituent Concentration in the Waste Extract as outlined in 40 CFR 268.41 Table CCWE or in 40 CFR 268.43 Table CCW below.

(Check each constituent known to be in the waste referenced above)

		-----CCW-----		State of California Standards	
		Wastewaters	Non-Wastewaters	Wastewaters	Non-Wastewaters
		(mg/L)	(mg/Kg)	(mg/L)	(mg/L)
<input checked="" type="checkbox"/>	Acetone	0.28	160	0.05	0.59
<input type="checkbox"/>	Benzene	0.070	3.7	0.070 (CCW)	3.7(CCW mg/Kg)
<input type="checkbox"/>	n-Butyl alcohol	5.6	2.6	5.0	5.0
<input type="checkbox"/>	Carbon disulfide	0.014	N/A	1.05	4.81
<input type="checkbox"/>	Carbon tetrachloride	0.057	5.6	0.05	0.96
<input type="checkbox"/>	Chlorobenzene	0.057	5.7	0.15	0.05
<input type="checkbox"/>	Cresols (m- and p- isomers)	0.77	3.2	2.82	0.75
<input type="checkbox"/>	O-cresol	0.11	5.6	See entry above	
<input type="checkbox"/>	Cyclohexanone	0.36	N/A	0.125	0.75
<input type="checkbox"/>	O-Dichlorobenzene	0.088	6.2	0.65	0.125
<input type="checkbox"/>	Ethyl acetate	0.34	33	0.05	0.75
<input type="checkbox"/>	Ethyl benzene	0.057	6.0	0.05	0.053
<input type="checkbox"/>	Ethyl ether	0.12	160	0.05	0.75
<input type="checkbox"/>	Isobutyl alcohol	5.6	170	5.0	5.0
<input checked="" type="checkbox"/>	Methanol	5.6	N/A	0.25	0.75
<input checked="" type="checkbox"/>	Methylene chloride	0.089	33	0.20	0.96
	Pharmaceutical Waste Water Subcategory			0.44 (CCW)	NA
<input checked="" type="checkbox"/>	Methyl ethyl ketone	0.28	36	0.05	0.75
<input type="checkbox"/>	Methyl isobutyl ketone	0.14	33	0.05	0.33
<input type="checkbox"/>	Nitrobenzene	0.068	14	0.66	0.125
<input type="checkbox"/>	Pyridine	0.014	16	1.12	0.33
<input type="checkbox"/>	Tetrachloroethylene	0.056	5.6	0.079	0.05
<input checked="" type="checkbox"/>	Toluene	0.08	28	1.12	0.33
<input checked="" type="checkbox"/>	1,1,1-Trichloroethane	0.054	5.6	1.05	0.41
<input type="checkbox"/>	1,1,2-Trichloroethane	0.030	7.6	0.030 (CCW)	7.6 (CCW mg/Kg)
<input type="checkbox"/>	1,1,2-Trichloro-1,2,2-Trifluoroethane	0.057	28	1.05	0.96
<input type="checkbox"/>	Trichloroethylene	0.054	5.6	0.062	0.091
<input type="checkbox"/>	Trichlorofluoromethane	0.02	33	0.05	0.96
<input checked="" type="checkbox"/>	Xylenes (Total)	0.32	28	0.05	0.15

		-----CCWE-----	
		Wastewaters	Non-Wastewaters
<input type="checkbox"/>	Carbon Disulfide	N/A	4.8
<input type="checkbox"/>	Cyclohexanone	N/A	0.75
<input type="checkbox"/>	Methanol	N/A	0.75